



**CANDIDATE COMMITTEE  
COVER PAGE**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

<p>1. Committee I.D. Number <b>150506</b></p> <p>2. Committee Name <b>Committee to Elect Terry R. Miller Trustee</b></p> <p>5. Committee's Mailing Address <b>4649 David Ct Bay City, MI 48706 (989) 686-6386</b></p> <p>Area Code and Phone</p> <p>If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.</p> <p>7. Treasurer's Business Address <b>4649 David Ct Bay City, MI 48706 (989) 686-6386</b></p> <p>Area Code and Phone</p>		<p>3. This Statement covers From: <b>May 13, 2008 to July 24, 2008</b></p> <p>4. Candidate Last Name <b>Miller</b> First Name <b>Terry</b> M.I. <b>R</b></p> <p>4a. Office Sought, including District # or Community Served (if applicable) <b>Monitor Township Trustee</b></p> <p>4b. County of Residence <b>Bay County</b></p> <p>6. Treasurer's Name &amp; Residential Address <b>Barbara Handley-Miller 4649 David Ct Bay City, MI 48706 (989) 686-6386</b></p> <p>Area Code &amp; Phone</p> <p>8. Designated Record keeper's Name and Mailing Address (if the committee has a Designated Record keeper) <b>Terry R Miller 4649 David Ct Bay City, MI 48706 (989) 686-6386</b></p> <p>Area Code and Phone</p>	
<p><b>9. TYPE OF STATEMENT</b></p> <p>9a. <input checked="" type="checkbox"/> Pre-Election      OR      9b. <input type="checkbox"/> Post-Election</p> <p>9c. <input type="checkbox"/> Annual Statement ( _____ Coverage Year)</p> <p>9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)</p> <p>9e. <input type="checkbox"/> Dissolution of Candidate Committee</p> <p>Effective Date of Dissolution _____</p> <p>By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.</p> <p>Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.</p>			
<p>A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.</p>			
<p>10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.</p>			
<p>Current Treasurer or Designated Record keeper <b>Barbara Handley Miller</b> Type or Print Name</p>		<p><b>Barbara Handley-Miller</b> Signature</p>	
<p>Date <b>07/24/2008</b></p>		<p>Date <b>07/24/2008</b></p>	
<p>Candidate <b>Terry R Miller</b> Type or Print Name</p>		<p><b>Terry R Miller</b> Signature</p>	
<p>Date <b>July 24, 2008</b></p>		<p>Date <b>July 24, 2008</b></p>	

FILED FOR CLERK  
 JEFF J. JOHNSON  
 JUN 24 4 11 PM '08  
 BAY COUNTY, MI



**SUMMARY PAGE  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150506  
 2. Committee Name Committee to Elect Terry R Miller  
Trustee

	Column I This Period	Column II Cumulative this election cycle
<b>RECEIPTS</b>		
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>1,329.63</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ _____	(18.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _____	(19.) \$ _____
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$ <u>1,329.63</u>	(20.) \$ _____
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ _____	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _____	(22.) \$ _____
<b>EXPENDITURES</b>		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>1,329.63</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ _____	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ _____	
<b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>1,329.63</u>	(23.) \$ _____
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ _____	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ _____	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$ _____	(24.) \$ _____
<b>DEBTS AND OBLIGATIONS</b>		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>1,329.63</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ _____	
<b>BALANCE STATEMENT</b>		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>0</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>1,329.63</u>	
	(15.) = \$ <u>1,329.63</u>	
15. SUBTOTAL Add lines 13 and 14		
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>1,329.63</u>	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$ <u>0</u>	



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150506  
2. Committee Name Committee to Elect Terry A. Miller

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>June 11, 2008</u> Name & Address: <u>Terry R. Miller</u> <u>4649 David Ct</u> <u>Bay City, MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Adjunct Professor</u> Employer <u>Delta College</u> Business Address <u>University Center, MI</u> Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>1,329.63</u>	\$ <u>1,329.63</u>  <a href="#">Click Here for Memo Itemization</a>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address _____ \$ _____ \$ _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address _____ \$ _____ \$ _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address _____ \$ _____ \$ _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>

Page Subtotal 1,329.63

Grand Total of All Schedules 1A  
(Complete on last page of Schedule) 1,329.63

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number 150506  
2. Committee Name Committee to Elect Terry R. Millon Trustee

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Practical Political Consulting, Inc</u> Address <u>P.O. Box 6249 220 Albert St East Lansing, MI 48823</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Gum Labels For Pos Primary Voters</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>June 11, 2008</u> Date	<u>\$ 87.60</u>
Expenditure #2 Name <u>Bay City Democrat Press</u> Address <u>P.O. Box 278 309 Ninth St Bay City, MI 48707</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>2000 Campaign Flyers</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>June 16, 2008</u> Date	<u>\$ 238.50</u>
Expenditure #3 Name <u>U.S. Post Office</u> Address <u>Bay City Station A Bay City, MI 48706-4672</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>First Class Stamps</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>June 23, 2008</u> Date	<u>\$ 294.00</u>
Expenditure #4 Name <u>Sawicki &amp; Son</u> Address <u>1521 W. Lafayette Detroit, MI 48216</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Yard Signs</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>June 26, 2008</u> Date	<u>\$ 499.53</u>
Expenditure #5 Name <u>U.S. Post Office</u> Address <u>Bay City Station A Bay City, MI 48706-4672</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>First class Stamps</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>June 24, 2008</u> Date	<u>\$ 210.00</u>

Subtotal this page 1,329.63  
Grand Total of all Schedules 1B  
(Complete on last page of Schedule) 1,329.63  
Enter this total on line 8a of Summary Page



**DEBTS AND OBLIGATIONS  
SCHEDULE 1E  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150506  
2. Committee Name Committee to Elect Terry R. Miller Trustee

This Schedule itemizes:

a.  Debts and obligations owed by or forgiven the committee OR b.  Debts and obligations owed to or forgiven by the committee.  
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.  Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus item 8)
Debt #1 Owed to or by: <u>Terry R. Miller</u> Corp? <input type="checkbox"/> Yes	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>June 11, 2008</u> 6. <u>Original Amount of Debt:</u> <u>\$1,329.63</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ <u>1,329.63</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #2 Owed to or by: _____ Corp? <input type="checkbox"/> Yes	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> _____ \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #3 Owed to or by: _____ Corp? <input type="checkbox"/> Yes	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> _____ \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Page Subtotal (Outstanding debt) 1,329.63

Grand Total of all Schedules 1E 1,329.63  
(Complete on last page of Schedule showing amounts owed by or to the committee)

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.